

INSTRUCTIONS: Print or type in black ink only

NYSID NUMBER 2468797P

LICENSE NUMBER C-089591

DATE OF ISSUE MONTH 04 DAY 10 YEAR 11

PPB-3 REV. 10/03

STATE OF NEW YORK

PISTOL/REVOLVER LICENSE APPLICATION

COUNTY OF ISSUE **SUFFOLK**

CODE

EXPIRATION DATE MONTH 04 DAY 10 YEAR 16

LAST NAME L A M A R C O FIRST NAME D I A N E MI E MONTH 03 DAY 11 YEAR 16 SEX F

RESIDENCE ADDRESS 16 TAYLOR STREET CITY, VILLAGE, TOWN AND STATE IF OTHER THAN NEW YORK PT JEFF STATION NY ZIP CODE 11776

HGT (INS) 63 WGT (LBS) 120 EYES BLU HAIR BLN RACE W SOCIAL SECURITY NUMBER 079522899 PRESENT OCCUPATION

EMPLOYED BY THE OPPORTUNITY PRE-SCHOOL NATURE OF BUSINESS 495 HOFFMAN LA, HAUPPAUGE, NY, US

I HEREBY APPLY FOR A PISTOL/REVOLVER LICENSE TO: (Check one only) ☒ CARRY CONCEALED ☐ \* POSSESS ON PREMISES  
☐ \* POSSESS/CARRY DURING EMPLOYMENT (\* Premise address or place of employment must be provided)

STREET ADDRESS OR OTHER LOCATION CITY, VILLAGE, TOWN ZIP CODE  
 A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

SPORTSMAN

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE
FACCIOLA, RICHARD	7 HIGHWOODS CT	ST JAMES NY	ON FILE
FISCHER, LINDA	3 MCNULTY ST	DIX HILLS NY	ON FILE
FRUHAUF, JOHN	100 NOSTRAND AV	PT JEFF STATION N	ON FILE
SCOVETTA, CHRISTINE	46 VILLAGE GREEN DR	PT JEFF STATION N	ON FILE

HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? ☐ YES ☒ NO IF YES, FURNISH THE FOLLOWING INFORMATION:

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

HAVE YOU EVER BEEN TERMINATED/DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE? ☐ YES ☒ NO

HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE? ☐ YES ☒ NO

HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS? ☐ YES ☒ NO

HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED? ☐ YES ☒ NO

DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN? ☐ YES ☒ NO

HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT? ☐ YES ☒ NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:



ANY OMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.

I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH MAY BE ISSUED TO ME:

1. NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS VALID IN THE CITY OF NEW YORK.
2. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION WILL BE VALID ONLY FOR A PISTOL OR REVOLVER SPECIFICALLY DESCRIBED IN THE LICENSE PROPERLY ISSUED BY THE LICENSING OFFICER.
3. IF I PERMANENTLY CHANGE MY ADDRESS, NOTICE OF SUCH CHANGE AND MY NEW ADDRESS MUST BE FORWARDED TO THE SUPERINTENDENT OF THE STATE POLICE AND IN NASSAU COUNTY AND SUFFOLK COUNTY, TO THE LICENSING OFFICER OF THAT COUNTY, WITHIN 10 DAYS OF SUCH CHANGE.
4. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS SUBJECT TO REVOCATION AT ANY TIME BY THE LICENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COURT OF RECORD.

JURAT:

SIGNED AND SWORN TO BEFORE ME

THIS 20 DAY OF OCTOBER, 20 10

AT HAUPPAUGE, NEW YORK

SIGNATURE OF OFFICER ADMINISTERING OATH

TITLE OF OFFICER

APPLICATION NOT VALID UNLESS SWORN